

<b>EVALUATION OF PRIVILEGES - PATHOLOGY</b> For use of this form, see AR 40-68; the proponent is OTSG		PERIOD FROM _____ TO _____		DATE _____		
RATED BY _____ TITLE _____		PRIVILEGES PERFORMED BY _____		TREATMENT FACILITY _____		
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEP- TABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
<b>AREAS OF ANATOMIC AND CLINICAL PATHOLOGY</b> <i>(Write Category I, II, or III to Indicate Level of Privileges Being Evaluated.)</i>						
Anatomic Pathology						
	a. Surgical Pathology					
	b. Autopsy Pathology					
	c. Cytopathology					
	d. Neuropathology					
	e. Dermatopathology					
	f. Electron Microscopy					
	g. Immunohistology					
	h. Forensic Pathology					
<b>Additions (Specify)</b> _____ _____ _____						
Clinical Pathology						
	a. Clinical Chemistry					
	b. Hematopathology					
	c. Immunohistology					
	d. Blood Banking					
	e. Clinical Microscopy					
	f. Microbiology					
	g. Radioisotopic Pathology					
	h. Serology					
<b>Additions (Specify)</b> _____ _____ _____						

COMMENTS *(Borderline and unacceptable ratings will be addressed.)*

RATER'S SIGNATURE

DATE